

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10524435 11/14/05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1		1		
3		2		2		
4		1		1		
5		1		1		
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TOTAL IND.	1		1		1	
TOTAL DEP.	5		5		5	
TOTAL CLAIMS	6		6		6	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1	1	
TOTAL DEP.	5		5	5	5	
TOTAL CLAIMS	6		6	6	6	